## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/530892

| ⊢  |  |   |  |                                   |  |                                      |   | <u></u> _              |                            |                     |                        |
|--|--|---|--|-----------------------------------|--|--------------------------------------|---|------------------------|----------------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I   |  |   |  |                                   |  |                                      | SMALL E                                 | NTITY                  | OTHER THAN OR SMALL ENTITY |                     |                        |
| 11.5   | NATIONAL                                       | STAGE FEES                                | (Column 1)                                   |                                   |  | Column 2)                            | RATE                                    | FEE                    | 7                          |                     | 1                      |
|  |  | OTAGE : EEG                               | CHALL ENT                                    | ENT = \$ 150   LAS                |  | NE 51/E - 6 200                      |   | 16-7                   | ┨                          | RATE                | FEE                    |
| BASIC FEE  |  |   |  |                                   |  | SE.ENT. = \$ 300<br>her situations = | BASIC FEE                               | 150                    | OR                         | BASIC FEE           | <u> </u>               |
| EXAMINATION FEE  |  |   | (4) = \$50/\$100<br>U.S. is ISA = \$50/\$100 |                                   |  | 100 / \$ 200                         | EXAM. FEE                               | 100                    | 4                          | EXAM. FEE           |                        |
| SEARCH FEE   |  |   | ALL other cou<br>\$ 200 / \$                 | untries =                         | All other situations = \$ 250 / \$ 500 |                                      | SEARCH FE                               | 12N                    |                            | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =                                  |                                   |  | / 50 =                               | X \$ 125                                | =   ·                  |                            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 2 / minus 20 = ★                             |                                   |  |                                      | X \$ 25 =                               | 25                     | OR                         | X \$ 50 =           |                        |
| INDI   | EPENDENT CL                                    | AIMS                                      | / m  | ninus 3 =                         | *                                      |                                      | X \$ 100 :                              | =                      | OR                         | X \$ 200 =          |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PR                             | ESENT  |                                   | ,                                      |                                      | + \$ 180 =                              |                        | OR                         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                                   |  | lumn 2                               | TOTAL                                   | 271                    | OR                         | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |  |                                   |  |                                      | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |                            |                     |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID    | BER<br>DUSLY                           | PRESENT<br>EXTRA                     | RATE                                    | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                                |  | =                                    | X \$ 25 =                               |                        | OR                         | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus  | ***                               |  | =                                    | X \$ 100 =                              |                        | OR                         | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |  |                                      | + \$ 180 =                              | :                      | OR                         | + \$ 360 =          |                        |
|  |  |   |  |                                   |  |                                      | TOTAL ADDI                              | Τ.                     | OR                         | TOTAL ADDIT.<br>FEE |                        |
|  |  | (Column 1)                                |  | (Colum                            | ın 2)                                  | (Column 3)                           |   |                        | _                          |                     |                        |
|  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY                            | PRESENT<br>EXTRA                     | RATE                                    | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus  | **                                |  | =                                    | X \$ 25 =                               |                        | OR                         | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus  | ***                               |  | =                                    | X \$ 100 =                              |                        | OR                         | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |  |                                      | + \$ 180 =                              |                        | OR                         | + \$ 360 =          |                        |
|  |  |   |  |                                   |  |                                      | TOTAL ADDIT                             | Г.                     | OR                         | TOTAL ADDIT.<br>FEE |                        |
|  | •  | imn 1 is less than the                    | •  |                                   |  |                                      |   |                        |                            |                     |                        |

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.